

Secrets of Success in Group Weight Management Programs

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Objectives

Identify strategies to:

- Justify a weight management program for your facility.
- Modify or develop a group weight management program to improve outcomes and adherence.
- Promote participant motivation and self-efficacy for weight management and/or fitness goals.



Utah Department of Health

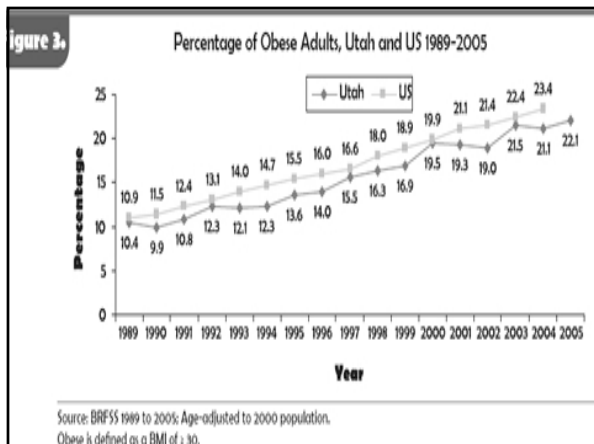
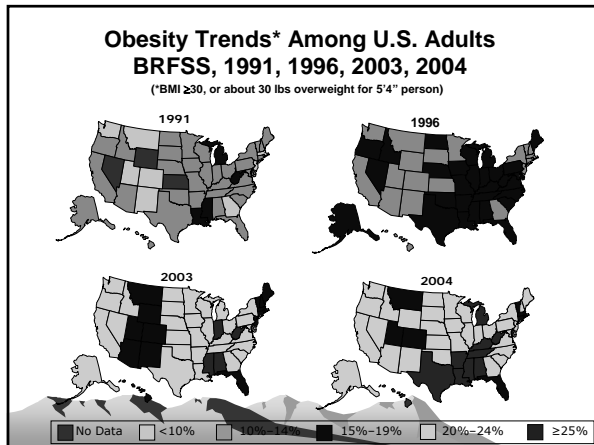
Tipping the Scales Toward a Healthier Population: The Utah Blueprint to Promote Healthy Weight for Children, Youth and Adults- May 2006

Tipping the Scales Toward a Healthier Population: A report of overweight and obesity in Utah- August 2005



Obesity

- ½ of Utah adults are overweight or obese= 977,000.
- 64% of Utah adult males were at an unhealthy weight.
- 48% of Utah adult females were at an unhealthy weight.
- The percent of obese adults has grown from 10.4% in 1989 to 22.1% in 2005, a 112% increase!



Why is Obesity so Prevalent?

- Biology allows for obesity
- Environment encourages fat storage
- Environment = food + activity



The Future- Dr. James Hill

- More obesity
- More chronic disease
- Kids getting adult diseases
- Decreased quality of life



How can we reverse the obesity trend?

- Start where people are.
- Behavior changes.
- Support these behavioral changes with environmental changes.
- Help people feel committed.
- Give them support.



Weight Management

The most common research finding over the past 30 years is that when people attend professionally conducted weight loss therapy - they lose weight.

Dan Kirschenbaum, PhD



National Weight Control Registry

- Founded in 1993
- Collaborative venture between Dr. James Hill of the University of Colorado and Dr. Rena Wing of Brown University and University of Pittsburgh.
- The NWCR is a longitudinal prospective study of individuals 18 and older, who have successfully maintained a 30 lb. weight loss for a minimum of 1 year.
- Currently, the registry includes approximately 5,000 individuals.



National Weight Control Registry

- Successful weight losers report making substantial changes in eating and exercise habits to lose weight and maintain their losses.
- The average registrant has lost approximately 60 pounds and has maintained that loss for roughly 5 years.
- Two-thirds of these successful weight losers were overweight as children and 60% report a family history of obesity.
- Approximately 55% of participants lost weight using a formal program or professional assistance.



Behavioral Treatment of Obesity Theories

Stages of change theory- meeting people when they are ready.

Social-Cognitive theory- people adopt new behaviors when they are confident and those behaviors are reinforced.

(Self-efficacy)



Why Group Weight Management?

Cost-effective

Design to treat behaviors

Provide social support

Structure

Self-monitoring



Costs of a Weight Management Program

Expenses:

- Program
- Staff-hourly and salary
- Mileage
- Equipment
- Location
- Handouts
- Prizes
- Office supplies
- Mailing
- Laboratory fees
- Marketing

Revenue:

- Fees
- Grants
- Donation



Cost-Effectiveness of Group Weight Management

<u>12-Week Program</u>	<u>8-week Diet therapy</u>
15 people @ \$200= \$3,000	15 people @ \$80/visit= \$1,200/visit x 4 visits=\$4,800
<u>Cost to run program:</u> \$1,500 – 2,000	<u>Cost to run program:</u> \$1,500-2,000
<u>Individual cost:</u> \$17.00/wk	<u>Individual cost:</u> \$320/8 wks or \$40/wk



Treating Behaviors

- Increasing activity.
- Reducing food portions.
- Increasing fiber, decreasing fat, more fruits and vegetables.
- Environment- what is served at meetings?



Social Support

- People don't feel they are alone
- Common interests and goals
- Accountability to a group
- Measurable?



Structure

- Too many demands upon time.
- People will make time for what is important to them.
- People need appointments and a schedule.
- Measurable?



“Self delusion is pulling in
your stomach when you step
on the scale.”

-Paul Sweeney



Self-Monitoring

- Increases ability to use goals.
- Improves commitment to change.
- Increase *self-efficacy*.
- Improve understanding of eating and activity patterns.
- Measurable-yes!!



Monitor what?

FOOD

- Calories
- Fiber grams
- Fat grams
- Fruit and vegetable intake
- Exchanges
- Hunger level

ACTIVITY

- Steps/day
- Minutes/day
- Miles
- Classes
- Time



Candidates for Group Weight loss

BEST

- Good stability in their lives
- People who need structure
- People who enjoy groups

NOT THE BEST

- Unstable lives
- Repeatedly unsuccessful at maintaining weight loss.
- Normal height and weight



Setting Up a Group Weight Management Program

1. Purpose- define goals, outcomes, etc.
2. Committee- employee, health professionals, administration.
3. Secure staff- good with groups, dynamic, enthusiastic. Can take punishment!
4. Define the program- seasonal, ongoing, short term.



Setting Up a Group Weight Management Program

5. Budget- Staff, materials, location, handouts, prizes, etc. Fees for participants.
6. Develop- Program or use existing one.
7. Registration- Dates, online, data, volunteers, logistics, etc.
8. Database- Monitor pre/post data, communication, etc.



Group Weight Management Decisions

1. Goals
2. Number of participants
3. Gender
4. Number of weeks
5. Follow-up-booster sessions
6. Monitoring- how much, what kind?
7. Environmental/Community support



Suggested paper work:

- Health History form
- Informed consent-HIPPA
- Lifestyle questionnaire
- Consent for photo use
- Flow sheets (if not using a data base)
- Monitoring records
- Educational survey



Marketing a Group Weight Management Program

- Season- good times are Fall-(Sept/Oct), Spring- (Jan/March).
- Recruit specific population- BMI, gender, activity level, etc.
- Team competition.
- Newspaper, employee email, paycheck, signs, speaker.
- Kick-off- could be a big event.



Seasonal Group Programs

- | Pro | Con |
|-------------------------|--------------------------|
| ▪ Easier on staff | ▪ Need follow-up |
| ▪ Everyone gets excited | |
| ▪ Allows for planning | ▪ Weight Regain |
| ▪ Goal oriented | |
| ▪ Timing can be good | ▪ Lead to weight cycling |
| ▪ FUN!! | |



Sample Group Programs

- **Lifestyle Challenge-**
Ft. Collins, Colorado
- **Women on the Move-** Ogden, Utah



Lifestyle Challenge: Basics

- Competition: January-April or September-December
- Teams of 5 people
- Worksite and family target
- Education sessions each month
- Monthly weight checks
- Two Focuses:
 - Weight Loss
 - Exercise Minutes (above & beyond daily work)



Lifestyle Challenge-Ft. Collins

- Pilot program-500 hospital employees
- Program was filled within two days
- Program ran 15 weeks
- Each person paid \$5.00
- Hospital CEO and administrative staff participated
- Results: 1,578 pounds lost and 1 million activity points were accumulated!



Iowa Program

Michelle Welch, R.D., L.D.

- Emmet County, Iowa
- 11,000 population
- Started in Hospital
- Current- 450 participants
- 7,380 lbs lost- 3 yrs.
- 41,805 minutes- 3 yrs.
- 3-5 lbs average weight loss



Rewards for Team Members



- Bragging rights!
- Prizes
- Part of “What’s Happening”
- Health & Fitness
- Decreased Medications
- Improved Blood Pressures
- Lowered Cholesterol
- Decreased Joint Pain

Diversity

- All welcome
- Fit & Unfit
- “Skinny” & “Fat”
- Physicians
- Business leaders
- Community Leaders
- Mayor



Weight Loss



- Inclusive of all persons
- Goal of long-term, gradual weight loss
- Guidelines:
 - 30 pound weight loss max
 - Average: 2 lbs/week
 - Team members that gain take away from the total
 - Rules limited extreme dieting behavior

Physical Activity

- Counted in minutes
- Extra effort activity, not daily activity
- Have to indicate what activity they did
- Guidelines:
 - Limited to 3600 activity minutes/4 weeks
 - Average: 2 hours/day
 - Help maintain exercise program and prevent injury



Education



- Weekly recipes and health information posted on PVH internal website
- Classes held each month on weight loss, nutrition and physical activity
- Received "Minutes" of Activity for attending classes

Show Me the Money!

- Grant through VHA
- Cost to business: \$5.00-\$15.00 per employee
- Employee coordinator
- Employee time for education session during lunch



Adventures in Weight Loss Hits & Misses



- Hits
 - People have lost weight and kept it off!
 - Weight loss range from 1-45 lbs
 - People increased activity!
- Misses
 - People will still gain weight or yo-yo
 - Delicate issues
 - Fad diets



Spinoffs

- Business Challenges
- School Challenges
- Wellness Center
- Business adding workout space, equipment
- Grocery store tours



Women on The Move

- Pilot Program- 32 obese women
- Recruited from patient population at the McKay-Dee Women's Health Center and employees at McKay-Dee hospital in Ogden, Utah
- Director of Women's Health Center-Donna Milavetz, M.D., M.P.H. wanted to participate in the Ogden marathon.



Women on the Move

- 18 week program-started January 2, 2006
– May 6, 2006
- Medical clearance required
- Weekly education and strength training classes- Monday evenings
- Weekly Saturday morning walking group
- Goal-relay team to complete the Ogden marathon



Women on the Move

- Pre-Post testing: health history, lifestyle questionnaire, lipid panel, height, weight, hip to waist ratio.
- Participants were provided with pedometers to count steps and turn in monthly records.
- Participants were also given resistance bands for strength training and T-shirts to wear race day.
- Participants paid \$25.00 to join.



Women on the Move- Budget

- Revenue: \$800.00
- Expenses: \$4,110 (employees, lipid panel, marathon entries, T-shirts, Resistance bands, WSU membership)
- Local hospital grant: \$3,310



Women on the Move- Race Day!



Women on the Move-Race Day!



Women on the Move-Race Day!



Women on the Move-Race Day!!



Women on the Move-Race Day!!



Women on the Move-Race Day!!



Summary

1. Take the time to plan- pilot program
2. Administration participation
3. Physician participation
4. Secure reputable staff- R.D., R.N., Ex. Physiologist
5. Enlist support- volunteers, community events
6. Keep it simple
7. Change the environment
8. Media involvement



Challenges

- Take weight loss to a new level!
- Incorporate behavioral theories.
- Evaluate long term health outcomes.
- Become more cost-effective.
- Develop novel strategies of improving adherence and weight maintenance.



HAVE FUN!!